	PATENT APPLICATION FEE DESMANAIGED STOPY Application or Docket Number Effective December 29, 1999 1996 1997 1998 1998 1998													
		S FILED -	•	SMALL TYPE		OR	OTHER		,					
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	┪.
BASIC FEE .			 6							345.00	OR		690.0	0
TOTAL CLAIMS			14	minus	20=	•			X\$ 9=		OR	X\$18=		7
INDEPENDENT CLAIMS			1	ninus	3=	•	•		X39=		OR	X78=		1
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		1	.000	· ·	1
1	if the difference in column 1 is less than zero, enter "0" in column 2										OR	+260=	76	4
1	3/2/CLAIMS AS AMENDED - PART II								TOTAL		JOR	TOTAL	670	4
	3 12405		mn 1)	MENDEL	_	olumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
1		REMA	UMS UNING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	T.
MENDM	Total	. ,	14	Minus	-:-	20	=	1	X\$ 9=		08	X\$18=		7
E C	Independent	•	2	Minus	•••	3		1	X39=	·.	OR	X78=		7
~	FIRST PRESE	NTATIO	N OF M	JLTIPLE DE	PEND	ENT CLAIM]			OH	-/-		\dashv
								+130=	<u>.</u>	OR	+260=	\searrow	4	
Ø	1241 K								TOTAL ADDIT. FEE	<u>.</u>	OR	TOTAL ADDIT. FEE	<u> </u>	$\not \perp$
7			mn 1)			olumn.2) UGHEST	(Cotumn 3)	1 .			9 (·		4
LMENDMENT B		AF	UNING TER : DMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
	Total	$\cdot 15$		Minus .	••	120	= .		X\$ 9=		OR	X\$18≃•		
	Independent	• 3		Minus	***	- 3	=		X39=		OR	X78=	/	1
_	FIRST PRESE	NTATIO	N OF MI	JLTIPLE DE	PEND	ENT CLAIM		1	.400	-		<u> </u>	1	1
•								ļ	+130=		OR	+260=		4
	·				•	•	•	•	OOIT, FEE		OR	ADDIT. FEE		4
	Restaurant		mn 1)	2555 F. S. F.		olumn 2) IGHEST	(Column 3)	1 ,				•		_
AMENDMENT C		AF	INING TER DMENT		PŘ P	HUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	L
	Total .	•		Minus	3 :	•	=		X\$ 9= ·		OR	X\$18=		1
	Independent	•		Minus	•••		=	 	X39=	•		X78=	-	7
_	FIRST PRESE	NTATIO	N OF MI	JLTIPLE DE	PEND	ENT CLAIM			•		OR	•		-
+130= OR +260=														
•••	If the "Highest Nur If the "Highest Nu	mber Prei mber Prei	dously Pe	id For IN THI lid For IN TH	S SPA S SPA	CE is less tha CE is less tha	n 20, enter "20." n 3. enter "3."		YOTAL DO(T. FEE	•	OR	TOTAL ADDIT, FEE		4
	The Techest Nurs	ber Previ	ously Pai	d For (Total o	r Indap	endent) is the	highest numbe	er fou	nd in the ap	propriate box	r in col	umn 1.	•	1